## **APPLICATION** FOR ASBESTOS ACCREDITATION

The proper completion and return of this form is required for individual accreditation under 401 KAR 58:005. To be considered a complete application all requested information must be provided on this form, and the form must be signed by the individual requesting accreditation and accompanied by the required accreditation fee in the form of a certified check or money order payable to Kentucky State Treasurer. Failure to supply accurate information required by the Division to enable it to act upon the application may result in denial of accreditation.

**ACCREDITATION** Project Designer

Initial Accreditation is

\$100.00/discipline except worker

(\$20.00 for worker)

NAME: Mr./Ms.

**ASBESTOS** 

DESIRED

**COMPANY NAME:** 

MAILING ADDRESS:

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Commonwealth of Kentucky Environmental and Public Protection Cabinet Division for Air Quality 803 Schenkel Lane Frankfort, Kentucky 40601-1403 (502) 573-3382 FAX 573-3787			<b>DEP-6038</b>	Rev. 12-01
		DIVISION USE ONLY		
		REC	RECEIPT NUMBER:	
	APPLICATION			
FOR ASBESTOS ACCREDITATION		ACCREDITATION NUMBER(S):		
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./Ms.		SOC. SE		
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OS	Inspector Management Planner & Inspector		ď	
	Project Designer	ā		ī
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I hereby acknowledge that I have read and understand this application and hereby swear or affirm that the contents of this application are true and correct to the best of my belief and knowledge. I acknowledge that I will be subject to the penalties for perjury for false statements contained in this application.

APPLICANT	
SIGNATURE	
3157.111.0112	DATE